

## CONSENT TO JOIN FORM

Pursuant to 29 U.S.C. §216(b), I hereby consent to make a claim against Sherman Counseling Management, S.C. and Refresh Mental Health, Inc. (collectively “Sherman”) for overtime and/or any other claim for wages brought in this action against Sherman. If this case does not proceed collectively, I also consent to join any subsequent action to assert these claims against Sherman. I hereby authorize the filing and prosecution of this Fair Labor Standards Act action in my name and on my behalf and designate Sandra Mittelsteadt as class representative to make decisions on my behalf concerning this litigation, the method and manner of conducting this litigation, the entering of an agreement with Plaintiff’s counsel concerning attorneys’ fees and costs, and all other matters pertaining to this lawsuit. During the past three years, there were times that I worked for Sherman without being compensated with overtime compensation when I worked more than forty (40) hours in a workweek.

**NAME:**

*Nombre*

**Sandra Mittelsteadt**

Print Name

**SIGNATURE:**

*Firma*

**Sandra Mittelsteadt**

Sign Name

**DATE:**

*Fecha*

**May 31, 2023**

Date

**PLEASE RETURN TO:**

*Favor de regresar esta forma a:*

WALCHESKE & LUZI, LLC

235 N. Executive Drive, Suite 240  
Brookfield, Wisconsin 53005

or

**BY FAX**

(262) 565-6469

or

**BY E-MAIL**

contact@walcheskeluzi.com